

[illegible]

**(900) Tribal Lands Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	421900
<015>	Study Area Name	KLM TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jane Sutherland
<035>	Contact Telephone Number - Number of person identified in data line <030>	402-426-6242
<039>	Contact Email Address - Email Address of person identified in data line <030>	jsutherland@americantbb.com

&lt;910&gt; Tribal Land(s) on which ETC Serves

&lt;920&gt; Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)

**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	421900
<015>	Study Area Name	KLN TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jane Sutherland
<035>	Contact Telephone Number - Number of person identified in data line <030>	402-426-6242
<039>	Contact Email Address - Email Address of person identified in data line <030>	jsutherland@americantbb.com

Please check this box to confirm no terrestrial backhaul  
<1120> options exist within the supported area pursuant to § 54.313(G) ☐

Please check this box to confirm the reporting carrier offers  
<1130> broadband service of at least 1 Mbps downstream and 256 kbps  
upstream within the supported area pursuant to § 54.313(G) ☐

**(1200) Terms and Condition for Lifeline Customers****Lifeline****Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	421900
<015>	Study Area Name	KLM TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jane Sutherland
<035>	Contact Telephone Number - Number of person identified in data line <030>	402-426-6242
<039>	Contact Email Address - Email Address of person identified in data line <030>	jsutherland@americasbb.com

&lt;1210&gt; Terms &amp; Conditions of Voice Telephony Lifeline Plans

421900NO1210

Name of attached document (.pdf)

&lt;1220&gt; Link to Public Website

HTTP

**"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:**

&lt;1221&gt; Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,



&lt;1222&gt; Details on the number of minutes provided as part of the plan,



&lt;1223&gt; Additional charges for toll calls, and rates for each such plan.



**(2000) Price Cap Carrier Additional Documentation****Data Collection Form****Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers**

FCC Form 481

OMB Control No. 3060-0906/OMB Control No. 3080-0819

July 2013

<010>	Study Area Code	421900
<015>	Study Area Name	KLN TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jane Sutherland
<035>	Contact Telephone Number - Number of person identified in data line <030>	402-426-6242
<039>	Contact Email Address - Email Address of person identified in data line <030>	jsutherland@americanbb.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

<b>Incremental Connect America Phase I reporting</b>		
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))	<input type="checkbox"/>
<2011>	3rd Year Certification (47 CFR § 54.313(b)(2))	<input type="checkbox"/>
<b>Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))</b>		
<2012>	2013 Frozen Support Certification	<input type="checkbox"/>
<2013>	2014 Frozen Support Certification	<input type="checkbox"/>
<2014>	2015 Frozen Support Certification	<input type="checkbox"/>
<2015>	2016 and future Frozen Support Certification	<input type="checkbox"/>
<b>Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))</b>		
<2016>	Certification Support Used to Build Broadband	<input type="checkbox"/>
<b>Connect America Phase II Reporting (47 CFR § 54.313(e))</b>		
<2017>	3rd year Broadband Service Certification	<input type="checkbox"/>
<2018>	5th year Broadband Service Certification	<input type="checkbox"/>
<2019>	Interim Progress Certification	<input type="checkbox"/>
<2020>	Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>
<2021>	Interim Progress Community Anchor institutions	<input type="checkbox"/>

Name of Attached Document Listing Required Information

## Page 22

<Q1>	Study Area Code	421900
<Q15>	Study Area Name	KLM TEL CO
<Q2>	Program Year	2014
<Q3>	Contact Name - Person USAIC should contact regarding this case	Jane Sutherland
<Q5>	Contact Telephone Number - Number of person identified in case in <Q3>	402-426-6242
<Q12>	Contact Email Address - Email Address of person identified in case in <Q3>	sutherland@americaph.com

CHECK the boxes below to note compliance on its five service quality claim (pursuant to 47 CFR § 54.202(a)), or, for privately-held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(h)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan		
(3010)	Milestone Certification (47 CFR § 54.313(f)(1)(iv)). Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313(f)(1)(iv), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information
(3011)		<input type="checkbox"/> Yes (N/A) <input type="checkbox"/> Yes (N/A)
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(2)(iv)). If your company is privately held RCR carrier (47 CFR § 54.313(f)(2)), does your company file the RUS annual report?	Name of Attached Document Listing Required Information
(3013)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:	<input type="checkbox"/> Yes (N/A) <input type="checkbox"/> Yes (N/A)
(3014)	Electronic copy of their annual RUS reports (Opening Report for Telecommunications Borrowers).	<input type="checkbox"/>
(3015)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3016)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation.	Name of Attached Document Listing Required Information
(3017)	If the response is no on line 3014, your company audited?	<input type="checkbox"/> Yes (N/A) <input type="checkbox"/> Yes (N/A)
(3018)	If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:	<input type="checkbox"/>
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications	<input type="checkbox"/>
(3020)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit.	<input type="checkbox"/>
(3022)	If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:	<input type="checkbox"/>
(3023)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers.	<input type="checkbox"/>
(3024)	Underlying information subjected to a review by an independent certified public accountant	<input type="checkbox"/>
(3025)	Underlying information subjected to an officer certification	<input type="checkbox"/>
(3026)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3027)	Attach the underlying information required information on	Name of Attached Document Listing Required Information

421900603026

<b>Certification - Reporting Carrier Data Collection Form</b>		FCC Form 481 CMB Control No. 3060-0889/CMB Control No. 3060-0819 July 2013
<010> Study Area Code	421900	
<015> Study Area Name	KLN TEL CO	
<020> Program Year	2014	
<030> Contact Name - Person USAC should contact regarding this data	Jane Sutherland	
<035> Contact Telephone Number - Number of person identified in data line <030>	402-426-6242	
<039> Contact Email Address - Email Address of person identified in data line <030>	jsutherland@americambb.com	

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS USING ANNUAL REPORTING ON ITS OWN BEHALF

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or U Recipients	
I certify that I am an officer of the reporting carrier, my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients, and, to the best of my knowledge, the information reported on this form and in any attachment is accurate.	
Name of Reporting Carrier	KLN TEL CO
Signature of Authorized Officer	CERTIFIED ONLINE
Printed name of Authorized Officer	Joe Jelenaky
Title or position of Authorized Officer	President
Telephone number of Authorized Officer	402 426 6245
Study Area Code of Reporting Carrier	421900
Filing Due Date for this form	10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(a), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001	

## Attachments

10/14/2013



Redacted - for Public Inspection

(800) Operating Companies  
Data Collection Form

FCC Form 481  
OMB Control No. 3080-0988/OMB Control No. 3080-0819  
July 2013

<010>	Study Area Code	421900
<015>	Study Area Name	KLM TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jane Sutherland
<035>	Contact Telephone Number - Number of person identified in data line <030>	402-426-6242
<038>	Contact Email Address - Email Address of person identified in data line <030>	jsutherland@usamicab.com
<010>	Reporting Carrier	KLM Telephone Company
<011>	Holding Company	RBJ Corp.
<012>	Operating Company	NA

[illegible]

**Redacted – for Public Inspection**

**KLM Telephone Company**

**Certification of Compliance with Applicable Service Quality Standards and Consumer Protection Rules**

**Service Quality Standards**

The Company:

- Provides voice grade access to the public switched network.
- Provides flat rated local exchange service with no additional charge to end users.
- Provides access to the emergency services provided by local government or other public safety organizations, such as 911 and enhanced 911.
- Provides toll blocking and toll limitation services.
- Advertises the availability of its services and the charges using media of general distribution and on its website.
- Maintains a business office providing customers with access to a customer service representative either in person or via a local telephone call or toll-free telephone number during normal business hours.
- Directs after hour calls to the Company's help desk.
- Directs trouble reports to the on-call technician.
- Tracks all service orders to ensure they are completed in a timely manner.
- Measures its service connection and service interruption performance on a regular basis.
- Trains employees to:
  - Answer all incoming calls promptly.
  - Respond to all inquiries for information promptly and courteously.
  - Investigate thoroughly all customer complaints and handle appropriately according to the Company's guidelines for resolution of customer complaints.
  - Be knowledgeable about products and service offerings so they can assist the customer with selecting the best service option.
- Has a process for periodic inspection, testing and preventive maintenance of its equipment to permit the rendering of safe, adequate and continuous service at all times.

**Consumer Protection Rules**

The Company has established operating procedures designed to facilitate compliance with applicable consumer protection rules which include compliance with the Customer Proprietary Network Information (CPNI) rules. The operating procedures include:

- Appointment of a compliance officer.
- A manual detailing the specific procedures for protecting consumer information.
- Employee training on an annual basis.
- A disciplinary process for improper use of consumer information.

Redacted for Public Inspection

**Holway Telephone Company  
KLM Telephone Company**

## **Functionality in Emergency Situations**

### Back-Up Power

Both Rich Hill and Maitland switches have 7-8 hours of battery backup. Both have a fixed generator with auto startup that will carry the total electrical load of the building. CO's in Skidmore, Metz, Deerfield, and Richards are designed with 7-8 hours of battery backup but do not have a fixed generator. We have portable generators to backup the batteries. All DLC's are for 5-6 hours of battery backup. We have portable generators as a backup to the batteries in the DLC's.

### Rerouting of Traffic around Damaged Facilities

The Rich Hill switch's toll traffic routes to BlueBird Networks by fiber which is redundant and diverse. Maitland switch's toll traffic routes to CenturyLink by fiber which is redundant. Each DLC has a working fiber circuit with a hot standby.

### Traffic Spikes

Our DLC's are designed with a 4:1 concentration ratio to our switches. Trunk capacity to BlueBird Network and CenturyLink Network is set by high busy hour traffic capacity. The switches in Rich Hill and Maitland are non-blocking.

## **Redacted – for Public Inspection**

### **KLM Telephone Company**

#### **Lifeline Assistance Program Terms and Conditions**

##### **Lifeline Assistance Eligibility**

The LIFELINE ASSISTANCE PROGRAM and the DISABLED PROGRAM are plans which assist qualified low-income applicants with reductions in their monthly local exchange service rate. The applicant applies for a single telephone line at the applicant's principal place of residence. The Lifeline Program is limited to one benefit per household, consisting of either wireline or wireless service. Lifeline is a government benefit program, and consumers who willfully make false statements in order to obtain the benefit can be punished by fine or imprisonment or can be barred from the program. Qualified applicants of LIFELINE shall have their monthly local exchange service rate reduced by the federal support of \$9.25, in addition to the state support of \$3.50. Qualified applicants of the DISABLED program are eligible for state support of \$3.50. Eligibility is reviewed annually. To establish continued eligibility, Lifeline subscribers will need to submit an annual recertification form signed under penalty of perjury that you still participate in a qualifying program or meet the income-based eligibility threshold. Your benefits will be discontinued when you no longer meet the requirements or when the annual recertification form is not received. Customers who are no longer eligible for Lifeline benefits must notify their service provider.

To be eligible for LIFELINE, an applicant must participate in one of the following:

- ☐ MO HealthNet (f/k/a Medicaid)
- ☐ Supplemental Nutrition Assistance (Food Stamps)
- ☐ Supplemental Security Income
- ☐ Low-Income Home Energy Assistance (LIHEAP)
- ☐ Federal Public housing Assistance (Section 8)
- ☐ National School Free Lunch Program
- ☐ Temporary Assistance for Needy Families(TANF)
- ☐ 135% of the Federal Poverty Level

To be eligible for the DISABLED program, an applicant must participate in one of the following:

- ☐ Veteran Administration Disability Benefits
- ☐ State Blind Pension
- ☐ State Aid to Blind Persons
- ☐ State Supplemental Disability Assistance
- ☐ Federal Social Security Disability
- ☐ Federal Supplemental Security Income

Applications are available by contacting KLM Telephone Company at 888-438-4490.

##### **Numbers of Minutes-of-Use Provided as Part of Lifeline Program Service**

KLM Telephone Company's Voice lifeline service includes unlimited local minutes-of-use within the toll-free calling area. KLM's Voice Lifeline Plan does not include any free minutes-of-use for toll. Toll is billed at the standard toll rate depending on which interexchange carrier the

consumer subscribes to for toll service. As part of the Lifeline service, Toll blocking is available to eligible consumers at no cost.

### **Rates**

Subscribers may receive the Lifeline credit on any type or grade of local service, including bundled services that are normally offered by KLM Telephone Company. Advertised rates do not include any applicable taxes or surcharges.

### **Recertification of Lifeline Eligibility**

Lifeline recipients are required to recertify their eligibility annually. Failure to properly recertify a recipient's continued eligibility for Lifeline will result in termination of the Lifeline recipient's monthly Lifeline discount and de-enrollment from Lifeline.

### **Additional Lifeline Program Information**

Lifeline is limited to one benefit per household, consisting of either wireline or wireless service. A household is defined as an individual or group of individuals who live together at the same address and share income and expenses. Lifeline is a government benefit program, and consumers who willfully make false statements in order to obtain the benefit can be punished by fine or imprisonment or can be barred from the program.

**REDACTED – FOR PUBLIC INSPECTION**

**KLM Telephone Company (421900)**

**ATTACHMENT - LINE 3019-3021**

**ATTACHMENT REDACTED IN ENTIRETY**

<b>FCC Form 481 - Carrier Annual Reporting Data Collection Form</b>	<b>FCC Form 481</b> OMB Control No. 3060-0084/OMB Control No. 3060-0013 July 2013
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<010> Study Area Code	379016
<015> Study Area Name	HUNTEL CABLEVISION DBA HUNTEL COMMUNICATIONS
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Jane Sutherland
<035> Contact Telephone Number: Number of the person identified in data line <030>	402-426-6242
<039> Contact Email Address: Email of the person identified in data line <030>	j.sutherland@americantbb.com

Received &amp; Inspected

OCT 29 2013

FCC Mail Room

ANNUAL REPORTING FOR ALL CARRIERS		34,813 Completion Required	34,422 Completion Required
<100> Service Quality Improvement Reporting	(complete attached worksheet)	4	4
<200> Outage Reporting (voice)	(complete attached worksheet)	4	4
<210> <input type="checkbox"/> ← check box if no outages to report			
<300> Unfulfilled Service Requests (voice)	0	4	4
<310> Detail on Attempts (voice)	(attach descriptive document)		
<320> Unfulfilled Service Requests (broadband)			
<330> Detail on Attempts (broadband)	(attach descriptive document)		
<400> Number of Complaints per 1,000 customers (voice)		4	4
<410> Fixed	4.36E-4		
<420> Mobile	0.0		
<430> Number of Complaints per 1,000 customers (broadband)			
<440> Fixed			
<450> Mobile			
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate verification)	4	4
<510> 379016NE510	(attach descriptive document)	4	4
<600> Functionality in Emergency Situations	(check to indicate verification)	4	4
<610> 379016NE610	(attach descriptive document)	4	4
<700> Company Price Offerings (voice)	(complete attached worksheet)		
<710> Company Price Offerings (broadband)	(complete attached worksheet)		
<800> Operating Companies and Affiliates	(complete attached worksheet)	4	4
<900> Trial/Land Offerings (Y/N)? <input checked="" type="radio"/>	(if yes, complete attached worksheet)		
<1000> Voice Services Rate Comparability	(check to indicate verification)		
<1010> <input type="checkbox"/>	(attach descriptive document)		
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/>	(if not, check to indicate verification)	4	4
<1110> <input type="radio"/>	(complete attached worksheet)		
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)		4
<b>Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet</b> including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers			
<2000>	(check to indicate verification)		
<2005>	(complete attached worksheet)		
<b>Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet</b>			
<3000>	(check to indicate verification)		
<3005>	(complete attached worksheet)		

**(100) Service Quality Improvement Reporting  
Data Collection Form**FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	379016
<015>	Study Area Name	HUNTEL CABLEVISION DBA HUNTEL COMMUNICATIONS
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jane Sutherland
<035>	Contact Telephone Number - Number of person identified in data line <030>	402-426-6242
<039>	Contact Email Address - Email Address of person identified in data line <030>	jsutherland@americanbb.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
	If your answer to Line <110> is yes, do you have an existing § 54.202(a) "5 year plan" filed with the FCC?	
<111>		(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>



## Page 3

<010>	Study Area Code	379016
<015>	Study Area Name	HUNTLE CABLEVISION DBA HUNTLE COMMUNICATIONS
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jane Sutherland
<035>	Contact Telephone Number - Number of person identified in data line <030>	402-426-6242
<039>	Contact Email Address - Email Address of person identified in data line <030>	j.sutherland@americannb.com

See attached worksheet -

## Page 4

<010>	Study Area Code	379016
<015>	Study Area Name	HUNTEL CABLEVISION DBA HUNTEL COMMUNICATIONS
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jane Sutherland
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1/1/2013

-- See attached worksheet

## Page 5

<010>	Study Area Code	379016
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Page 5

<010>	Study Area Code	379016
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<810>	Reporting Carrier	HunTel CableVision, Inc. dba HunTel Communications
<811>	Holding Company	HunTel, Inc.
<812>	Operating Company	NA

[illegible]

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Data Collection Form**

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OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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&lt;910&gt; Tribal Land(s) on which ETC Serves

&lt;920&gt; Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- | Select<br>(Yes, No, NA)             |
|-------------------------------------|
| <input checked="" type="checkbox"/> |
| <input type="checkbox"/>            |
| <input type="checkbox"/>            |
| <input type="checkbox"/>            |
| <input type="checkbox"/>            |
| <input type="checkbox"/>            |
| <input type="checkbox"/>            |
| <input type="checkbox"/>            |
| <input type="checkbox"/>            |
| <input type="checkbox"/>            |
- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
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**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

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Please check this box to confirm no terrestrial backhaul  
<1120> options exist within the supported area pursuant to § 54.313(G) ☐

Please check this box to confirm the reporting carrier offers  
broadband service of at least 1 Mbps downstream and 256 kbps  
<1130> upstream within the supported area pursuant to § 54.313(G) ☐

**(1200) Terms and Condition for Lifeline Customers**  
**Lifeline**  
**Data Collection Form**

 FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
 July 2013

<010>	Study Area Code	379016
<015>	Study Area Name	HUNTEL CABLEVISION DBA HUNTEL COMMUNICATIONS
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jane Sutherland
<035>	Contact Telephone Number - Number of person identified in data line <030>	402-426-6242
<039>	Contact Email Address - Email Address of person identified in data line <030>	jsutherland@americantbb.com

&lt;1210&gt; Terms &amp; Conditions of Voice Telephony Lifeline Plans

379016WE1210

Name of attached document (.pdf)

&lt;1220&gt; Link to Public Website

HTTP

**\*Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:**

&lt;1221&gt; Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,



&lt;1222&gt; Details on the number of minutes provided as part of the plan,



&lt;1223&gt; Additional charges for toll calls, and rates for each such plan.



**(2009) Price Cap Carrier Additional Documentation****Data Collection Form****Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers**

FCC Form 481

OMB Control No. 3060-0986/CMB Control No. 3060-0819

July 2013

<010>	Study Area Code	379016
<015>	Study Area Name	HUNTEL CABLEVISION DBA HUNTEL COMMUNICATIONS
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jane Suchetland
<035>	Contact Telephone Number - Number of person identified in data line <030>	402-426-6242
<039>	Contact Email Address - Email Address of person identified in data line <030>	jsuchetland@americannbb.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

**Incremental Connect America Phase I reporting**

- <2010> 2nd Year Certification (47 CFR § 54.313(b)(1)) ☐
- <2011> 3rd Year Certification (47 CFR § 54.313(b)(2)) ☐

**Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))**

- <2012> 2013 Frozen Support Certification ☐
- <2013> 2014 Frozen Support Certification ☐
- <2014> 2015 Frozen Support Certification ☐
- <2015> 2016 and future Frozen Support Certification ☐

**Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))**

- <2016> Certification Support Used to Build Broadband ☐

**Connect America Phase II Reporting (47 CFR § 54.313(e))**

- <2017> 3rd year Broadband Service Certification ☐
- <2018> 5th year Broadband Service Certification ☐
- <2019> Interim Progress Certification ☐
- <2020> Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313(e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year ☐
- <2021> Interim Progress Community Anchor institutions ☐

Name of Attached Document Listing Required Information



<b>(3000) Rate Of Return Carrier Additional Documentation</b>	FCC Form 481
<b>Data Collection Form</b>	OMB Control No. 3060-0186/OMB Control No. 3060-0819
	July 2013

<010> Study Area Code	379016
<015> Study Area Name	HUNTEL CABLEVISION DBA HUNTEL COMMUNICATIONS
<020> Program Year	2014
<030> Contact Name - Person/USAC should contact regarding this data	Jane Sutherland
<035> Contact Telephone Number - Number of person identified in data line <030>	402-426-6242
<039> Contact Email Address - Email Address of person identified in data line <030>	j.sutherland@america.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(h)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan		Name of Attached Document Listing Required Information	
(3010) Milestone Certification (47 CFR § 54.313(f)(1)(iv)). Please check this box to confirm that the attached PDF, on line 3010, contains the required information pursuant to § 54.313(f)(1)(iv), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.			<input type="checkbox"/>
(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(iv)).			<input type="checkbox"/>
(3013) Is your company a Privately held RCR Carrier (47 CFR § 54.313(f)(2)).			<input type="checkbox"/> (Yes/No)
(3014) Does your company file the RUS annual report. Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance required.			<input type="checkbox"/> (Yes/No)
(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers).			<input type="checkbox"/>
(3016) PDF of Balance Sheet, Income Statement and Statement of Cash Flows.			<input type="checkbox"/>
(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation.			
(3018) If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:			<input type="checkbox"/> (Yes/No)
(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications.			<input type="checkbox"/>
(3020) PDF of Balance Sheet, Income Statement and Statement of Cash Flows.			<input type="checkbox"/>
(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.			<input type="checkbox"/>
(3022) If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:			
Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers.			<input type="checkbox"/>
(3023) Underlying information subjected to a review by an independent certified public accountant.			<input type="checkbox"/>
(3024) Underlying information subjected to an officer certification.			<input type="checkbox"/>
(3025) PDF of Balance Sheet, Income Statement and Statement of Cash Flows.			<input type="checkbox"/>
(3026) Attach the worksheet listing required information.			<input type="checkbox"/>